

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -2 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755549

1. Corporation Name
COLLINS PLAZA CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address
12460 SW 8 Street
Suite, Apt. #, etc.

Suite 202
City & State
Miami, Fl. 33184

Zip Country
33184 USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State

City & State

Zip Country

REINSTATEMENT 02-03

300016393163

04/21/03--01053--006 **297.50

4. Date Incorporated or Qualified To Do Business in Florida
Dec. 16, 1980
5. FEI Number Applied For
59-2389846 Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name
Tamara Moran
Street Address (P.O. Box Number is Not Acceptable)
12460 SW 8 Street
Suite, Apt. #, Etc.
Suite 202
City
Miami

State Zip Code
FL 33184

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date 4/9/03
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P D	Emma Shaner	1334 Collins Ave #602	Miami Beach, Fl 33139
VP D	Tim Gray	1331 Collins Ave # 403	Miami Beach, Fl 33139
S D	Ana Velasco	1334 Collins Ave #604	Miami Beach, Fl 33139
T D	Antonio Rifa	1334 Collins Ave #501	Miami Beach, Fl 33139
D D	Elizabeth Borbolla	1334 Collins Ave # 404	Miami Beach, Fl 33139

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Emma V. Shaner President* 4/9/03 (305) 753-4438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)